

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131

County Registrar No. _____

Local Registrar No. _____

2. Full name of child Ramon Soto (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other 4 5. No., in order of birth 4 6. Legitimate? yes 7. Date of birth April 3-1925
Month Day Year

8. FATHER
Full name Eliseo Soto

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Durango, Mex.
(State or country)

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Cecilia Caldera

15. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Durango, Mex.
(State or country)

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living
(b) Born alive but now dead
(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 7:30 A. m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Byril M. Brown M.D.
Address Miami, Arizona
(Physician or midwife)

Given name added from a supplemental report. Month, day, year April 5, 1925
Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

926-403-531